Never Has So Little Done So Much Harm to So Many

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NEWS RELEASE

Never Has So Little Done So Much Harm to So Many

The Latest Coronavirus Attack Is A Cover for Restricting Our Health Freedoms

By Scott C. Tips, NHF President

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Last year I was invited to speak once again at the International Academy of Oral Medicine & Toxicology (IAOMT) Conference to be held in early March 2020 in Dallas, Texas. I had spoken at the organization's 2019 event held in Indianapolis, Indiana and it was a great success. This organization of holistic dentists is one of the finest I know, and its events are always well-attended, well-planned, and put on impeccably. This year I spoke on the topic of vaccines, government mandates, and how to resist them legally. At the time, the coronavirus pandemic was just starting to get rolling worldwide and I began my speech by complimenting the assembled dentists and dental personnel on their bravery in attending the event when so many other public events, including Expo West in Anaheim, California were being cancelled. I felt that they all deserved a medal or at least an award, but they surprised me by presenting me with an award instead.

Part of my speech was about the coronavirus. But many additional facts have come to light and much has happened since I spoke on the subject then, as the World hurls itself off the cliff into destruction far below. In a rapidly changing environment, I can only present a snapshot here of our current knowledge of the COVID-19 drama that is being enacted before our eyes. It is important that none of us are stampeded into being the obedient slaves that the massive fear-mongering campaign waged by the Deep-State media and government would have us become.

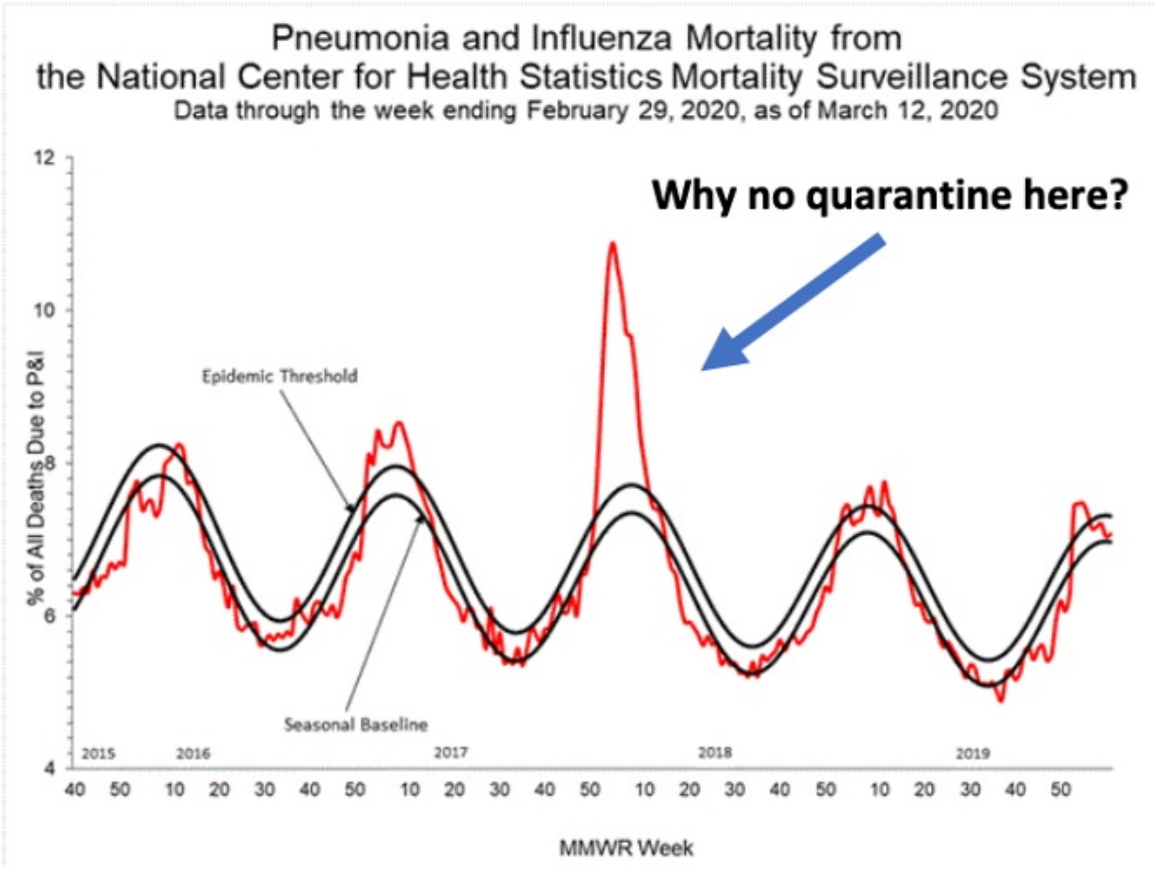
The Mortality-Rate Scam

In February 2020, the World Health Organization (WHO) – never known for its accuracy or consistency – declared a "Pandemic" for the coronavirus and claimed that the mortality rate for the novel coronavirus disease now designated as COVID-19 was 3.4%, while that for the seasonal flu was 0.1%. Of course, the news media ran with those numbers and splashed scary headlines across the World stating how much more deadly this new virus was than the seasonal flu. The problem with WHO's statement, however, was that they applied two different formulas for the two viruses. For the COVID-19 disease, for example, they simply didn't count any of the mild cases of COVID-19 that resolved themselves; yet, they did with the seasonal flu. If WHO were to apply the same formula to seasonal flu cases as it did with COVID-19 cases, then the seasonal flu is revealed more truthfully as being ***twice as deadly*** as the COVID-19 virus.

In fact, the Centers for Disease Control and Prevention (CDC) itself has stated that for the 2019-2020 flu season, 24,000-62,000 Americans have died of the seasonal flu, while it's claimed that 53,922 Americans have died of the COVID-19 flu as of April 26,

2020. Even applying reported ***worldwide*** figures for COVID-19 deaths, we have 208,000 deaths claimed. That is tragic, but the worldwide COVID-19 figures are still less worldwide than are the seasonal flu deaths. Not to even mention that the European death rates are lower so far in 2020 than those in 2017.

And for all of this, the U.S. and State and local governments are willing to trash the American economy and destroy the domestic and international financial markets, most of which are based on the U.S. dollar? And why now? We must ask ourselves these questions because this drastic approach was not adopted during earlier epidemics with far more deadly viruses. So, why now?


Pneumonia and Influenza Mortality from
the National Center for Health Statistics Mortality Surveillance System
Data through the week ending February 29, 2020, as of March 12, 2020
Why no quarantine here?
Epidemic Threshold
Seasonal Baseline
% of All Deaths Due to P&I
12
10
8
6
4
2015
2016
2017
2018
2019
40 50 10 20 30 40 50 10 20 30 40 50 10 20 30 40 50 10 20 30 40 50
MMWR Week

COVID-19 is the ***weakest*** of the seven serious flus and diseases (West Nile, SARS, Bird flu, Swine flu, Ebola, and Zika) we have had since 2002. So far, as mentioned above, it is even less deadly – by one-half – than the ordinary seasonal flu. Bob Luddy, writing for *The American Spectator*, went even further, "This season the flu has killed 22,000 Americans versus 388 dead from COVID-19. This is the hard data available. There has been no national discussion about the flu but complete panic on the coronavirus."

John P. A. Ioannidis, a Stanford University Medical School professor of medicine and epidemiology, has reasonably argued that we are making decisions without reasonable data, so it is impossible to make claims about any fatality rate, actual or future. Dr. Ioannidis thinks that when the dust settles and an accurate count is made

the true mortality rate for COVID-19 could be five times lower, coming in at 0.025% or maybe 0.625% but certainly not the alarmist WHO figure of 3.4%. "Patients," he writes, "who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future."

Dr. Jay Bhattacharya, another Stanford University professor of medicine, concurs when he says, as quoted in *The Wall Street Journal*, "An epidemic seed on January 1st implies that by March 9 about six million people in the U.S. would have been infected. As of March 23 ... there were 499 Covid-19 deaths in the U.S. ... that's a mortality rate of 0.01%." He laments the fact that there have been no studies done to accurately assess the actual Measured Case Fatality Rate.

Many have pointed to Italy and its death rates from the coronavirus as proof positive for the deadliness of this latest epidemic. But according to Italian officials, 99% of those who died had other illnesses that predisposed them to die. In fact, the average age of those who died is 79.5 years (some say 81-83 years)! Keep in mind that Italy ranks fifth in the World for having the highest median age (the United States ranks 61st).

As if that were not enough to put a nail in the coffin of the mythically high Italian death rate from COVID-19, a report from Italy's National Institute of Health shows that ***up to 88%*** of Italy's alleged COVID-19 deaths could be misattributed. The Report states, "the way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus ... On re-evaluation by the National Institute of Health, only 12 per cent of death certificates have shown a direct causality from coronavirus, while 88 per cent of patients who have died have at least one pre-morbidity – many had two or three."

Moreover, if you look at the Italian government's own figures for mortality, you will see a steady rise in deaths there since 2006! Well, we all know that the current "crisis" just started in 2020, so another factor must have been causing the rapid rise in deaths in Italy.

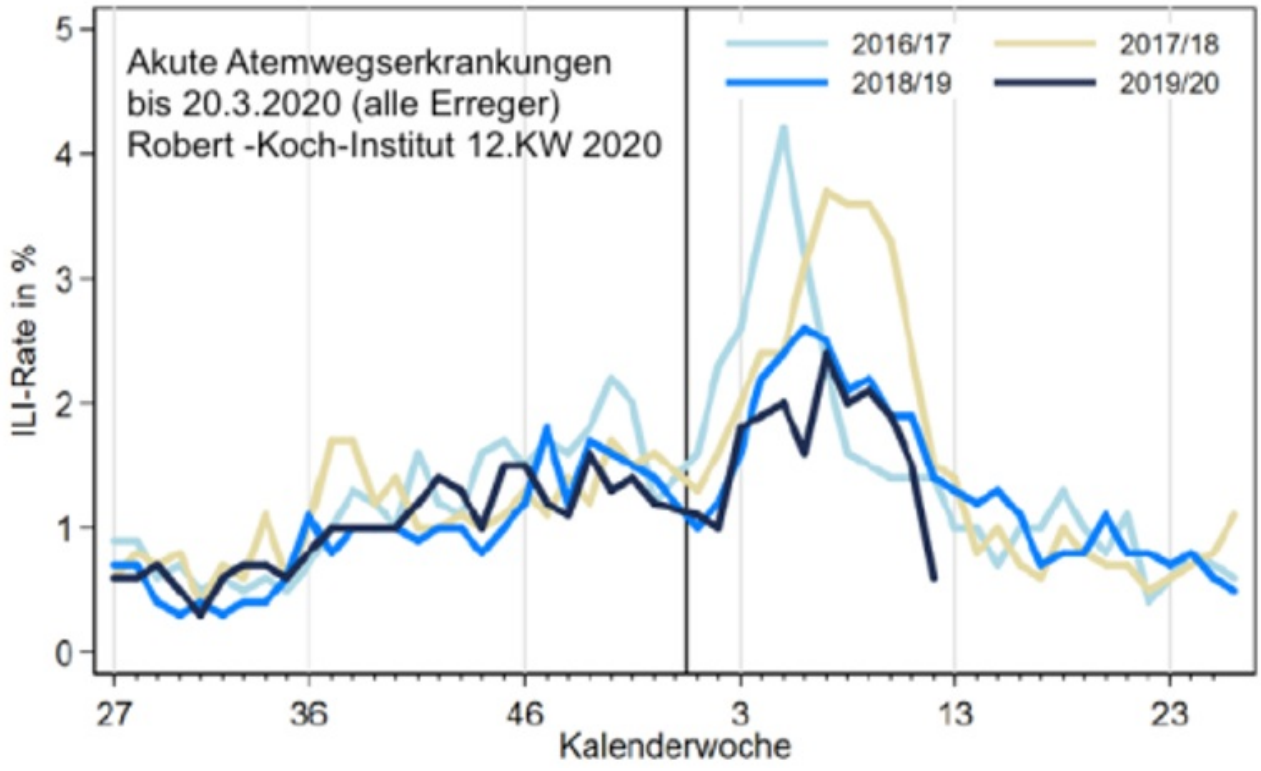
Pre-existing health conditions do matter greatly in assessing cause of death. Only three victims at that time did not have any other conditions. Health writer and researcher Bill Sardi has studied this latest virus extensively and thinks that deaths attributed to COVID-19 could more properly be attributed to tuberculosis, which kills 1.7 million people worldwide every year. Tuberculosis is far more deadly than COVID-19, which could be nothing more than an opportunistic virus riding on the coattails of the TB mycobacterium.

The National Health Federation's Chairman, David Noakes, agrees, "Today on the 27th of March there are a total of a tiny 759 deaths [in the UK] from COVID-19 – but even this is a lie. These are people who died ***with*** COVID-19, but most did not die ***of it***. Almost everyone had other diseases that caused their death."

In its COVID-19 Alert No. 2 (March 24, 2020), the CDC issued a directive to medical personnel that actually states, "COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**." (emphasis in original) So, it is easy to see that the official death figures from COVID-19 are exaggerated and that doctors may assign the virus as a cause of death even without having tested the patient! Moreover, in the United States, there is a financial incentive for hospitals to declare a patient "COVID-19 positive" since the government will reimburse the hospital more for such patients ($13,000) and three times more ($39,000) if the COVID-19 patient is on a ventilator.

German virologist Dr. Hendrik Streeck, further supports Noakes when he said that COVID-19 is unlikely to increase overall mortality in Germany, which is normally at 2,500 people per day. Streeck cites an example of a 78-year-old man who died of heart failure, but who was subsequently tested positive for the virus and thus included in the COVID-19 death statistics! This example is backed by the Director of the German Public Health Institute (the Robert Koch Institute or RKI), who admitted that all deaths in which a person also tests positive for the coronavirus are counted as COVID-19 deaths, even if those persons actually died from another cause.

Additionally, in the RKI chart below, one can easily see that the number of cases of acute respiratory diseases ("Akute Atemwegserkrankungen"), as of March 20, 2020 ("Kalenderwoche" 12 to 13), have plunged, not increased.



In late March 2020, Dr. Sucharit Bhakdi, Professor Emeritus of Medical Microbiology at the Johannes Gutenberg University Mainz, wrote an open letter to the German Chancellor Angela Merkel asking her several questions, challenging the fake

news on mortality rates from the coronavirus, and questioning the need for a drastic lockdown of businesses and Germans. The original letter is in German.

Moreover, acknowledging reality, on March 19, 2020, the UK's Public Health England and the Advisory Committee on Dangerous Pathogens (ACDP) downgraded COVID-19 from a "High Consequence Infectious Disease" to one with low mortality rate. This is in agreement with NHF Vice Chairman Dr. Bradford Weeks' assessment that COVID-19 is not any more dangerous than a normal flu.

Then, on March 26th, an article appeared in the *New England Journal of Medicine*, co-authored by the now-celebrity-status Dr. Anthony Fauci, which says in pertinent part: "*If one assumes that the number of asymptomatic or minimally symptomatic cases is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively.*"

This is all supported by the new mortality figures coming out of China. A new epidemiological study concludes that the fatality of COVID-19, even in the City of Wuhan, was only 0.04% to 0.12% and thus much lower than that of seasonal flu, which has a mortality rate of approximately 0.1%.

Yet, if we were to believe the constant alarms and fear spewed out by the mainstream media, then we would think – as most people have been led to believe – that huge numbers of people all over the World are dying from the COVID-19 disease. That is simply not true, as Dr. John Lee makes clear in his *Spectator* article. Our controlled media, however, has its marching orders and it is not about to let something like the truth stand in its way. The most recent example of the mass-media's lies can be found in CBS News' outright false report that New York City hospitals are overwhelmed by coronavirus cases. Not having any such photos to use, CBS News simply aired a Sky News photo of an Italian hospital instead.

The truth is that American hospitals are not overwhelmed with COVID-19 cases. Unfortunately, with the mainstream media flat out lying to us all about how "overflowing" with coronavirus cases these hospitals are, it has taken citizen journalists to ferret out the truth.

To what extent will we put up with the blatant lies coming from the government and the news media? Checking the statistics out of the European Monitoring of Excess Mortality for Public Health Action website (EuroMomo), even the untrained, amateur eye can see that the death rate so far has been lower than in previous years! Are we willing to destroy countries around the World over a bad case of the flu?

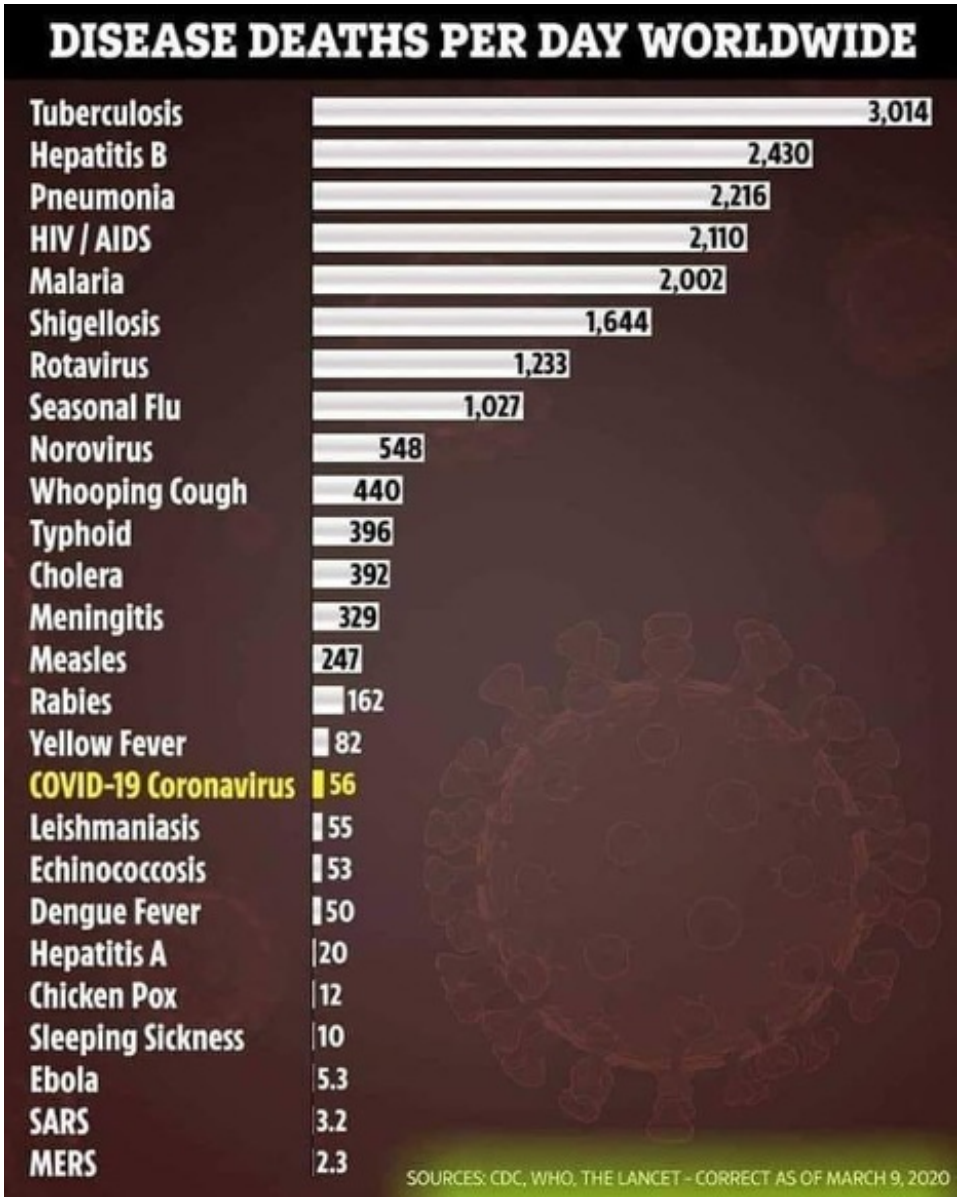
No Accurate Test

Besides, the so-called COVID-19 test is faulty with many false positives. ***False positives for the COVID-19 coronavirus can be up to 50%***, as recently confirmed by the CDC. Others say up to 75%. Naturally any antibodies that show up post-immunization from a vaccine made up of inert influenza strains will show a positive result. Recall that Italy had mandatory vaccinations prior to the COVID-19 outbreak. This would definitely skew results, especially the death toll.

Noakes also aptly observed that "There is no agreed test for Covid-19. The usual one is a PCR test for pneumonia. If you have it, they now reclassify it as COVID-19. They may reclassify all of this year's 17,000 flu deaths as COVID-19 deaths. The science stinks."

What we are looking at here is a worldwide situation where none of the authorities really have a clue as to what is going on or how to deal with it and yet they are making life-and-death decisions that affect billions, shutting down businesses right and left, throwing people out of work, halting international air travel, and shuttering people in their own homes. It is as if someone gave machine guns to a troop of chimpanzees!

Peter Hitchens, writing for *The Daily Mail* on March 14, 2020, agreed when he wrote, "Epidemic disasters have been predicted many times before and have not been anything like as bad as feared. The former editor of *The Times*, Sir Simon Jenkins, recently listed these unfulfilled scares: bird flu did not kill the predicted millions in 1997. In 1999, it was Mad Cow Disease and its human variant, vCJD, which was predicted to kill half a million. Fewer than 200 in fact died from it in the UK. The first SARS outbreak of 2003 was reported as having 'a 25 per cent chance of killing tens of millions' and being 'worse than AIDS.' In 2006, another bout of bird flu was declared 'the first pandemic of the 21st Century.' There were similar warnings in 2009, that swine flu could kill 65,000. It did not. The Council of Europe described the hyping of the 2009 pandemic as 'one of the great medical scandals of the century.'"



We are being taken for fools with this latest exaggeration. Worse than that, we are being completely sold down the river towards slavery with the loss of not only our health freedoms but our political freedoms as well … all based upon a lie.

A Bioweapon Gotten Loose?

Predicted by Dr. Fauci some three years earlier, this "surprise" coronavirus epidemic was perhaps even planned in advance. Consider *Event 201*, a "pandemic tabletop" event held on October 18, 2019, and sponsored by the Bill and Melinda Gates Foundation, the World Economic Forum, and the Johns Hopkins Center for Health Security. The Event unfolded in New York City with a simulated coronavirus epidemic very similar to the current one but with a fictitious one originating on Brazilian pig farms. The Event hosted such notables as Dr. George Gao (Director of the Chinese version of the CDC), Avril Haines (former CIA Deputy Director), Rear Admiral Stephen Redd (CDC), and Adrian Thomas (VP of Johnson & Johnson), among numerous others. It is no bizarre coincidence that government "drills" and other such staged events happen either on the exact same day as the real event or else shortly before. The 9/11 terrorist drills staged the same day as the attack are just one famous example.

The Wuhan research lab is just one of many such laboratories that research and develop deadly bioweapons for war. Controlled by the Chinese military, it has the highest security rating for viral research in China. Some critics have implicated the Wuhan facility in creating the kind of coronavirus bioweapon that is evidenced in COVID-19, while others have denied it.

The 1918 bacterial vaccine experiment at Fort Riley, Kansas (then called Camp Funston) may very well have been the spark that killed 50-100 million people. This pandemic was blamed on the so-called 1918-1919 "Spanish flu"; but in fact between January 21 and June 4, 1918, the U.S. Army permitted the American Rockefeller Institute for Medical Research to inject the Institute's experimental bacterial meningococcal vaccine into thousands of soldiers stationed at Ft. Riley before they shipped out to France and the trenches there. At the end of the war, soldiers brought back home with them the disease that went on to infect many millions more.

According to a National Institute of Health paper published in 2008, co-authored once again by our very own Dr. Anthony Fauci, bacterial pneumonia was the cause of death in at least 92.7% of the 1918-1919 autopsies reviewed. The researchers reviewed more than 9,000 autopsies, and "there were no negative (bacterial) lung culture results." In fact, the paper stated that "in the 68 higher-quality autopsy series, in which the possibility of unreported negative cultures could be excluded, 92.7% of autopsy lung cultures were positive for ≥1 bacterium. … in one study of approximately 9000 subjects who were followed from clinical presentation with influenza to resolution or autopsy, researchers obtained, with sterile technique, cultures of either pneumococci or streptococci from 164 of 167 lung tissue samples." As Kevin Barry, president of First Freedoms, accurately noted, "That is 98.2%. Bacteria was the killer." And the World suffered 50-100 million completely unnecessary deaths all because of this experimental vaccine.

The 1918 experiment was certainly not the first or the last time that the U.S. government tested biological weapons on an unsuspecting American population. On September 20, 1950, a U.S. Navy ship off the California coast used a giant hose to spray a cloud of microbes into the air and into San Francisco's fog bank. The military was testing how a biological weapon attack would affect the 800,000 residents of the city. This criminal lack of concern for the health of its own citizens and others has been shown time and again, with, for example, the U.S. Army giving smallpox-contaminated blankets to Native Americans, the unconscionable Tuskegee syphilis experiments on African-American males from 1932-1972, and the Ebola-vaccine experiments on West Africans.

And in the 1970s, the U.S. Department of Agriculture's Lab 257 on Plum Island in the Long Island Sound churned out its own death-dealing poisons. Ostensibly there to protect us, Lab 257 was experimenting with anthrax and other deadly spores. As recounted in Michael Carroll's book Lab 257, what was to later become known as Lyme disease had been spawned in that lab. Carelessly left for birds and other animals to pick

at, contaminated refuse was piled outside the building. The town of Lyme, Connecticut, only 17.3 miles distant, easily became ground zero for the nationwide, and then worldwide, spread of one of the most insidious diseases to afflict mankind, to this day.

Nor forget that anthrax, Ebola, smallpox, and other bioweapons were studied and experimented upon in the 1990s at Fort Detrick, Maryland for decades. Anthrax from this lab, some have contended, was used in Iraq and possibly mailed to U.S. congressmen after 9/11. The CDC, however, banned the lab in July 2019 from working any further with anthrax, Ebola, and smallpox until its procedures had improved.

Dr. Gary Kohls, M.D. reasons that the original COVID-19 outbreak was a result of a weaponized virus. He gives the following reasons, among others, for his suspicion: (1) Wuhan, China's "ground zero" for the virus, was right in the neighborhood of Wuhan's Level-4 Bioweapons lab; (2) America's premier Level-4 Bioweapons lab at Fort Detrick suddenly and quietly closed down just before the novel, patented, coronavirus epidemic started; and (3) five U.S. soldier-athletes who were in Wuhan last Fall competing at the 2019 World Military Games were afflicted by the coronavirus. Given those known factors, Dr. Kohls asks, "aren't there enough suspicions to at least insist that an unbiased, thorough investigation be done by some agency other than the conflicted Pentagon, the conflicted CDC, the conflicted NIH, the conflicted NIAID, or even the conflicted WHO, into these top-secret Bioweapons labs system."

Dr. Francis Boyle, who drafted the first multilateral disarmament treaty banning biological warfare and is a professor of international law at the University of Illinois, claims that Chinese scientists may have stolen this virus out of a lab in Winnipeg, where Canada tests many of its biological warfare weapons. He believes the virus then leaked out of a lab in Wuhan (BSL-4). The Wuhan BSL-4 lab is a specially designated WHO research lab and Dr. Boyle claims that the WHO is well aware of what occurred there.

Regardless of whether COVID-19 was artificially created, bioweapons are perilous weapons of mass destruction, difficult to contain, and lethal to the human race. They serve no legitimate purpose. With all of the harm that has been done so far from the Rockefeller vaccine trials in 1918 to the Lyme Disease release in 1975 to the current coronavirus and other deadly virus strains, it is ***long since time*** to end all bioweapons research and labs! They are gross violations of the rules of war and certainly should never be imposed on a country's own society. Fifty to 100 million deaths are enough.

Current Government Actions Backfire, Once Again

The current approach by governments around the World is to lockdown (i.e., quarantine) its citizens, shut down all "non-essential" stores and businesses, limit the size and even the times when citizens and residents can leave their homes, all in a desperate attempt to limit the spread of the virus. These government actions show governments that ironically believe their own fear propaganda at best, while at a cynical

worst, these governments are using the COVID-19 "pandemic" to mold the ruling institutions and society into a cold-hearted form that will benefit the Elite at the expense of all of us.

The mass media adds fuel to the fire with its constant harping on how many doctors and nurses are "afraid" to go to work, how a 16-year-old has died from the COVID-19 virus, and with continually holding up atypical Italy as the poster child of what is about to happen in America too.

Lost in the shuffle is the economic disaster of unprecedented scale created by government-imposed lockdowns. As one businessman correctly observed, "[b]y May [2020] the economic damage will be so severe, it will cause more harm to families, abused children, and spouses, those who will die untreated because we only provide care for Covid-19. The number of individuals permanently discharged from jobs (never to return) is staggering and will get worse by the hour." Supply chains have been disrupted, business contracts arbitrarily breached, rents left unpaid, unemployment lines increased *by millions*, and 50% of U.S. consumers are maxed out on their credit cards. The economic and personal damage is not only severe but probably irreparable.

People forget that their governments are run by ordinary men and women who genuinely lack the insight (as well as market-feedback mechanisms) on what actions to take that will truly benefit the health of their citizens and who rely for their advice, unfortunately, on the very same medical doctors, institutions, and corporations who have become hugely wealthy off of the diseases and ill-health that are conveniently incurable by their methods of treatment. Often, their patients live on as their disease is "managed" (some would say "milked") for all of the money that can be had from the disease. The patients are never cured.

Former UK Supreme Court justice Lord Sumption recently hit the nail on the head when he said, "Anyone who has studied history will recognize here the classic symptoms of collective hysteria. Hysteria is infectious. We are working ourselves up into a lather in which we exaggerate the threat and stop asking ourselves whether the cure may be worse than the disease."

So, with the government-ordered lockdowns, are we any safer from the virus? Perhaps in very small groups, but the CDC recently published a paper questioning lockdowns of larger groups of individuals, such as the already health-compromised homeless in recreation centers, which is what Los Angeles Mayor Eric Garcetti has ordered. The CDC reports that Japanese data showed that coronavirus transmission was 18.7 times more likely indoors than outdoors. And as the public catches on to these lies, the rewriting of history to support lockdowns becomes more egregious.

Many agree that stress-producing lockdown measures will kill more people than the COVID-19 virus itself. Former Israeli Health Minister Professor Yoram Lass clearly states that the new coronavirus is "less dangerous than the flu" and that lockdown measures will "kill more people than the virus." Pietro Vernazza, a Swiss infectious-

disease specialist, agrees, arguing that these lockdown and other measures are not based on science and should be discarded. He recommends protecting the vulnerable population groups (e.g., the elderly and lung-function compromised) while leaving the economy alone so that it can do its job. And Frank Ulrich Montgomery, the president of the World Doctors Federation, calls the lockdown measures in Italy unreasonable and counterproductive.

The more one investigates with an open mind, the less confidence one has in our government officials. Sweden could be an exception with its reliance upon two rules: Groups at risk are protected and those people with flu symptoms stay at home. Swedish health authorities think that it is better to track individual cases within the country than to shut everything down. As they put it, "Despite the popular perception, our best hope against the pandemic is continued trade and cooperation across borders. Travel bans, the government wisely states, are mostly "political placebo."

Even vaccine advocate Dr. Paul Offit, who is no fan of health freedom, considers the seasonal flu more deadly than the COVID-19 flu, stating "we do not quarantine and we do not cancel meetings or shut down schools, churches, and synagogues from influenza." Dr. Offit wonders why, then, we are treating one type differently than the other.

But what is rarely spoken about, if ever, is how many people actually die from these extreme social, political, and economic restrictions. How many people have died from high blood pressure-induced strokes, heart attacks, or even suicide caused by the hysterical, fearmongering news media and headline-grabbing politicians trying desperately to show how "noble" their efforts are? I would estimate that a large number of people are dying or else are seriously harmed by the media-fueled hysteria and constant fear campaign. One of the best, first steps that anyone could take to combat the COVID-19 coronavirus would be to toss their television set out the window.

Are Vaccines the Answer?

The mainstream medical community, supported by the news media and government, would have you believe that the "Holy Grail" cure for COVID-19 lies in a magical vaccine. The reality is that any vaccine is a year distant from being put on the market; and any vaccine developed sooner than one year from now will be exceedingly dangerous and unproven. Regardless, in one year, the COVID-19 coronavirus will be history and any efficacious vaccine unnecessary. That does not, however, prevent the mainstream medical community from dangling the promise of a vaccine in front of the population's eyes. Ignore that empty promise.

Also, ignore their invitations for you to "protect" yourself by getting the current flu shot. It will not protect you. In fact, hard evidence has shown that it will do the exact opposite! A recent study published in *Vaccine*, a prestigious, peer-reviewed medical journal, demonstrated that the influenza vaccination may increase the risk of infection from coronavirus by a significant 36% and from the human metapneumovirus by 51%.

Really Protect Yourself

None of the above is to say or suggest that you should treat this virus, or whatever is causing the deaths and illnesses, lightly. Avoid direct exposure as much as possible. But we cannot go through life avoiding potential infection – it is not practical as we are witnessing. You can, however, build up and support your immune system with Vitamins A, C, D3, and K2. Take on a regular basis the minerals magnesium (to help activate the Vitamin D3), zinc, and selenium. Eat an anti-inflammatory diet of predominantly whole-plant foods and replenish your gut

bacteria with probiotics, sauerkraut, and other such useful foods. Use colloidal silver, lemon juice, elderberry extract, and hydrogen peroxide to kill or neutralize the virus. These are just some of many ways to strengthen your immune system; avoiding fear and stress are perhaps the most important.

If you do test positive for the virus (and who knows if it is a false positive) and happen to be one of the two percent who cannot easily recover from it as if it were the common cold, then consider treatment with intravenous (IV) Vitamin C at high levels. According to Dr. Andrew Saul, the first approved study of IV Vitamin C against COVID-19 began in China and had patients taking 12,000 to 24,000 mg per day of Vitamin C by IV. The supervising doctor, Dr. Cheng, has specifically called for the immediate, therapeutic use of Vitamin C for treating coronavirus (COVID-19) infections. Those patients have all done very well.

A second and third clinical trial of intravenous Vitamin C was announced in China on February 13th and 21st, respectively. In the second study, Dr. Cheng reports that the researchers will give 6,000 mg/day and 12,000 mg/day for moderate and severe cases and that oral Vitamin C might even be included in these studies. Details of the Wuhan Vitamin-C protocol (in English) are posted at: *www.orthomolecular.org/resources/omns/v16n07.shtml*.

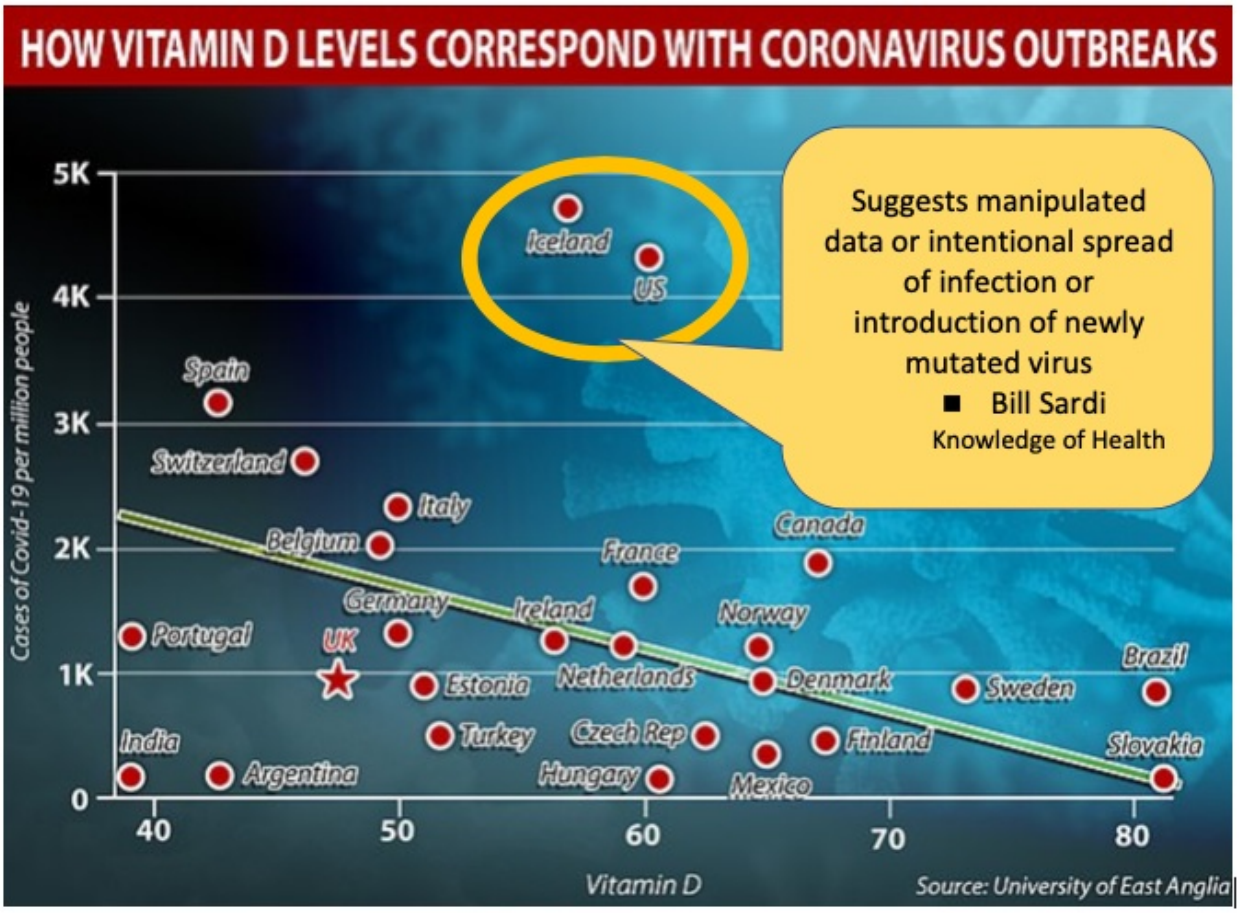
In addition, Vitamin C is now being used to prevent and treat COVID-19 in China and in Korea. The protocol is apparently working.

NHF Advisory Board member Dr. Thomas Levy, MD., J.D. has also written extensively on the use of IV Vitamin C and its general upper-level oral safe use. NHF has published Dr. Levy's protocol on stopping the virus at the nose and mouth by using tongue scraping, oral washes, and replenishing gut bacteria.

Dr. Alex Vasquez has published extensively on the use of N-Acetyl-Cysteine (NAC). Particularly compelling are accounts of high-dose NAC given by IV to save pneumonia patients. Daily maintenance dosages are 600 mg. of NAC, according to Dr. Vasquez' work in Antiviral Nutrition: Acetyl-cysteine / NAC in the treatment and prevention of pneumonia, influenza.

"If," as the 2008 NIH Fauci paper states, "severe pandemic influenza is largely a problem of viral-bacterial copathogenesis, pandemic planning needs to go beyond addressing the viral cause alone (e.g., influenza vaccines and antiviral drugs)." I completely agree.

Moreover, with the Northern Hemisphere warming up almost day by day, go outside and soak up some Sun. If you are in the right latitude, the Vitamin D you will create in your body from the Sun's ultraviolet rays will help protect you. And if you are not, then both the ultraviolet light in tanning beds and the heat in Far Infrared saunas can be helpful as well in taming the coronavirus.



Other doctors have shown great success in treating the virus with combinations of hydroxychloroquine sulfate, zinc, and Z-pak (azithromycin, an antibiotic). Dr. Vladimir Zelenko, a board-certified family practitioner in New York, successfully treated some 700 coronavirus patients with complete success. In using this drug-and-supplement combination, Dr. Zelenko saw the symptoms of shortness of breath resolve in four to six hours, while the entire 5-day course of treatment cost only $20.00. Sardi and others think that zinc is one of the keys to boosting one's immune system enough to fight off viruses such as the COVID-19 coronavirus. After all, zinc is necessary for the thymus' production of T-cells as well as the production of neutrophils, both key actors in the body's immune system.

Not content with the natural cures that he has already publicized as widely as possible, Bill Sardi also reported that Ivermectin, a commonly used anti-parasitic agent, is a cheap, immediately available, and effective antiviral that "inexplicably goes unused in the battle against human viral infections, such as COVID-19 coronavirus." "Just a single dose of ivermectin," he says, "abolishes COVID-19 coronavirus in a lab dish." Unsurprisingly, Ivermectin also works even more effectively in the presence of zinc.

Finally, don't forget that iodine kills pathogens upon contact. I myself take 12.5 mg of iodine/iodide each day, far more than the laughable RDA for iodine. Consider asking a nutritionally competent physician if you might need more iodine in your diet.

What is the Real Killer Here?

In order to protect ourselves, we need to know what is the real killer here. Is it a virus or is it something else? Dr. Lawrence Broxmeyer M.D., a New York physician and long-time disease investigator, thinks and first posited that it could be a mycobacterium. Bill Sardi, among others, agrees and has popularized Dr. Broxmeyer's hypothesis. He notes that the incidence of infection from the COVID-19 coronavirus neatly overlaps in most instances the areas where tuberculosis is most prevalent in the population, observing that the highly infected illegal immigrant population pouring into the Southern Border States are a major source for the recurrence of TB in America.

They are not alone in thinking this. In an excellent exposé, Sardi publicized scientific researcher Hiroshi Nishiura 2012 study results showing that there were ***no*** flu deaths in controls who did ***not*** have the tuberculosis bacterium.

But even with this primary or companion killer bacterium, the deaths from COVID-19, others say, are still at least ten times less than those being reported by government officials and the media. All of this noise makes one wonder if this entire crisis was deliberately staged, or deliberately mishandled.

The Real Goal

I have heard many theories about the cause of the current illness. The recent roll-out of 5G wireless (Wuhan, China and Milan, Italy are both hotspots of 5G transmitters, for example) is reported to play a key role in either weakening our immune-system response to any virus, including the coronavirus, or even actually causing what is known as coronavirus disease. Regardless of its cause, the current medical response is an overreaction beyond all necessity. This "flu" is less deadly than the ordinary flu, so far. Most persons will survive it, easily, if they even catch it. The highly inflammatory, mass hysteria over "COVID-19″ is, I think, simply a cover to change our political institutions and culture, and to further restrict our freedoms. "Never let a crisis go to waste," is the old psychopathic political saying, and it certainly applies here.

The U.S. economy – and therefore the World economy – is in a perilous position. Last September the bond repurchase ("repo") market had to be massively bailed out by the U.S. Federal Reserve. In December 2019, Zoltan Pozsar, the Hungarian economist who practically invented the modern repo market, has warned us that the Federal Reserve's interventions to date have failed to reverse the underlying weak conditions in the banking system. The Fed can only push on a string so much and its ability through money printing and control of interest rates to keep the economy and financial markets from unraveling is increasingly limited. Interest rates are already following those of Europe and elsewhere and plunging into the negative, while the Fed must be extremely careful not to ignite inflation or to cause the dollar to drop in value with its overly zealous minting of money 24/7. I saw this coming, as reflected in my 2020 forecast in the January 2020 issue of Whole Foods Magazine, of which I am the Legal Editor and regular columnist.

With our financial house of cards poised to collapse at any moment, this year's coronavirus arrived just in the nick of time. Instead of the government, politicians, and the economists of both parties taking the blame for suddenly hard economic times, they all seized upon the "deadly" coronavirus as an excuse to allow the market to crash and to shutter businesses worldwide. After all, no one would question "health safety measures," would they? The blame could be pinned on the "invisible" virus, blame that continues to this day. As the American and other economies falter from major structural problems, out-of-control debt, reckless spending, and government stupidity in shuttering businesses, the blame for markets crashing and economies tanking is borne by the conveniently available COVID-19 disease.

The real threat to us is not from the "virus" but from the governments and their corporate overlords who will come out on top when the dust from all of this "pandemic" settles. In mid-March 2020, the Danish Parliament passed a draconian law authorizing the government to test (with their inaccurate tests) anyone they want in Denmark in order to determine if they have been infected with the coronavirus and to even forcibly inject such persons with a vaccine (as yet, non-existent), all against their will and their rights. The law is set to expire in March 2021, but it has set a freedom-smashing precedent that the 95 Danish parliamentarians who voted for it should be ashamed of. Even more, they should all be voted out of office.

Similarly, the Quarantine Act in Canada gives the Canadian government the ability to suppress Canadians' freedoms by shutting businesses down and shutting people inside their homes, all on a bureaucratic whim. Meanwhile, the U.S. Federal Reserve talks about a "***planned*** shutdown of the economy."

Two coronavirus plans have surfaced for the United States and neither of them bode well for its citizens' health or liberties. The first one, proposed by Ezekiel Emanuel, a health-policy expert at the University of Pennsylvania, calls for lockdowns to begin easing in June 2020, if certain health milestones are met. The second one, proposed by the former FDA Commissioner Scott Gottlieb, M.D., is more draconian, calling for a much more cautious and open-ended easing of restrictions with the lifting of those restrictions only when a vaccine and/or medicines are available. Gottlieb doesn't mind violating the Nuremburg Code against lack of informed consent in medical procedures, as he wants to forcibly vaccinate everyone. He thinks a vaccine would take two years to deploy (2022), while medicines could be available as early as this Summer 2020. Meanwhile, the police state reigns in nearly full force on the fraudulent foundation of false statistics.

Remember, Not Everyone Died on the Titanic

We all should be more frightened by the political response to COVID-19 than the virus itself. As Martin Armstrong of Armstrong Economics stated so well, "This is an intentional economic destruction that is being carried out for an undisclosed purpose." Or, perhaps they know something about the virus that they are not telling us? Time will tell.

In the meantime, we all need to strongly oppose the current lockdown and destruction of our livelihoods and our lives. We need to actually laugh at the political and medical buffoons who have over-reacted and, by over-reacting, destroyed millions of lives. The facts show that the virus will, at most, kill fewer of us than those diseases we have seen around us for our entire lives; but if the political plans that are being put in place on the back of this fictitious coronavirus "crisis" are allowed to continue to completion, then all of us will suffer from a far less healthy and more restrictive future.

There is one thing that you can count upon: Just as COVID-19 was preceded by the Zika, Ebola, Swine flu, Bird flu, and other "End of the World" viruses, COVID-19 will itself be followed by yet another, as-yet-unnamed virus. Indeed, are we surprised to hear already, while still well in the trenches of the current lockdown, about the inevitable next pandemic? In an opinion written by two deans at the Harvard T.H. Chan School of Public Health and published by the establishment magazine *Fortune*, these two spokeswomen for the Elite state that the global outbreak of COVID-19 is in no way an anomaly and that it is only a matter of time before the next pandemic strikes. Of course.

This next virus will be proclaimed to be even deadlier than COVID-19; and tyrannical measures put in place, all in the name of "public safety," will exponentially exceed the measures put in place now. So, how we, as freedom-loving people, respond to the current power grab will dictate how many of our freedoms will be left for us and our children in the near future. We all must loudly and persistently say "No."

Then, name names. Get them out of office and leadership. They must realize that if they persist, this becomes the seedbed of revolutions and just as the resilient, inner power you possess, your time to rise is now not as a victim but a victor. NHF was born for this day. And so are you.

Right now, go to www.thenhf.com/Rally Congress to direct your public *servants* to obey the Constitution and to sign the Pledge against mandatory chipping and vaccinations. Our freedoms are at stake as never before and what actions you take now will determine whether we keep what few remaining freedoms we have or slide into total tyranny.